

EXHIBIT 115

MODEL LETTER CHANGE OF OWNERSHIP - LABORATORIES

(Date)

Laboratory Director Name

Facility Name

Street Address

City, State, ZIP Code

Dear (**Laboratory Director**):

RE: CLIA Number: (**CLIA Number**)

We have been notified that your laboratory changed ownership effective date. When a laboratory undergoes a change of ownership, the existing CLIA Identification number is automatically assigned to the new owner. The new owner is subject to all terms and conditions under which the existing number was issued. Your laboratory continues to be approved to provide the same tests and procedures as performed under the previous ownership.

OPTIONAL PARAGRAPH--DEFICIENCIES

At the time of the last survey, certain deficiencies were cited. You must comply with the plan of correction submitted for those deficiencies.

OPTIONAL PARAGRAPH--MEDICARE CERTIFIED LABORATORY

(**Name of carrier/fiscal intermediary**) has been authorized to process your Medicare claims. Your laboratory has been assigned the identification number shown above. This number should be entered on all forms and correspondence relating to the CLIA and Medicare programs.

You should notify the State agency if there is a change in your legal status as owner of this facility. You should also report to the State agency any changes in staffing, services, or organization which might affect your certification status.

We welcome your participation and look forward to working with you in the administration of the (**CLIA** or **CLIA and Medicare**) program(s).

Sincerely yours,